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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 096600002		CITY OR TOW	N PETERSH	AM	
APPLICATION F	CATION FOR RENEWAL: Annual			LICENSED FOR 2013		
		CLASS			YEAR	
LICENSEE NAMI	E: PETERSHAM CURL	ING CLUB INC				
DOING BUSINES	SS A					
ADDRESS NORT	H MAIN ST.					
CITY/TOWN: PE	ETERSHAM	STATE: MA	ZIP CODE:	01366		
	UL, TYPE IEODORE R.	OF LICENSE: C	ub	CATEGORY:	All Alcohol	
EMAIL ADDRESS	S:					
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR	EMAIL ADDRESS		_	
DESCRIPTION O	F LICENSED PREMISE	S:				
CLUB ROOM: ON AND STORAGE.	NE FLOOR, CURLING R	INK: GROUND	LEVEL, CELLAR	, FURNACE R	OOM	
I hereby certify and	d swear under penalties of	f perjury that:				
1. the rene	ewed license will be of the	e same type for th	e same premises no	ow licensed;		
2. the lice	nsee has complied with al	l laws of the Com	monwealth relatin	g to taxes; and		
3. the prer	mises are now open for bu	siness (If not exp	lain below)			
SIGNED BY			0.00			
	Individual, Partner or	· Authorized Corp	orate Officer			
D. 4 575						
DATE:	TELEPHONE 1	NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
			(Note. <u>NOT</u>	marviduai Sociai S	security Number)	
Acts of 2004, sign	ned, attest that we are in ned by the building inspe d (2) the certificate of lic	ector and the hea	d of the fire depa	rtment for the	above	
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY	
APPROVED:			By:			
DISAPPROVED:	1: \					
(If disapproved exp	piain)					
DATE:						

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN PETERS!	HAM
Annual	LICENSED FOR	2013
CLASS		YEAR
DAY & JEAN M. DAY		
OOD AT PETERSHAM		
STATE: MA	ZIP CODE: 01366	
TYPE OF LICENSE: Innh	older CATEGORY	: All Alcohol
OUR WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	
EMISES:		
alties of perjury that:		
be of the same type for the s	same premises now licensed;	
with all laws of the Comm	onwealth relating to taxes; and	l
n for business (If not explain	in below)	
urtner or Authorized Corner	rata Officar	
Tuler of Authorized Corpor	ate Officer	
HONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
TOTAL TANDER.	(Note: NOT Individual Social	Security Number)
ng inspector and the head	of the fire department for th	ie above
	LOCAL LICENSING AUTI	HORITY
	By:	
		
	Annual CLASS DAY & JEAN M. DAY DOOD AT PETERSHAM STATE: MA TYPE OF LICENSE: Innh DUR WEBSITE AND ENTER YOUR EM EMISES: ORTH MAIN STREET AND CELLAR. 15 ROOMS, SID STORAGE alties of perjury that: De of the same type for the silve of the same type for the silve of the same type for the silve of the Summer of the Summer of Authorized Corporation. HONE NUMBER: The are in possession (1) the signispector and the head	CLASS DAY & JEAN M. DAY DOD AT PETERSHAM STATE: MA ZIP CODE: 01366 TYPE OF LICENSE:Innholder CATEGORY DUR WEBSITE AND ENTER YOUR EMAIL ADDRESS EMISES: BETH MAIN STREET AND SOUTH AND WEST SIDE CELLAR. 15 ROOMS, SIX ON THE FIRST FLOOR AND FOR STORAGE alties of perjury that: Dee of the same type for the same premises now licensed; with all laws of the Commonwealth relating to taxes; and in for business (If not explain below) Therefore are in possession (1) the certificate required by Chapter 1: LOCAL LICENSING AUTHER LOCAL LICENSING AUTHER TYPE OF LICENSE:Innholder CATEGORY C



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	CR: 096600004		CITY OR TOWN PETERS	HAM
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSINESS ADDRESS OFF N	ELSON RD.	JN CLUB, INC.		
CITY/TOWN: PE	TERSHAM	STATE: MA	ZIP CODE: 01366	
MANAGER: MA D	RTINELLI,TOD TY	PE OF LICENSE: Ch	ıb CATEGORY	Y: All Alcohol
EMAIL ADDRESS	1:			
DESCRIPTION OF	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR E	MAIL ADDRESS	
 the reneval. the licen 	see has complied with	the same type for the	same premises now licensed; monwealth relating to taxes; an ain below)	d
SIGNED BY	Individual, Partne	r or Authorized Corpo	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Acts of 2004, signe	ed by the building in	spector and the head	e certificate required by Cha d of the fire department for the arance required by Chapter 1	he above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICENSING AUT By:	HORITY
DATE:				
	THE PERSON OF THE PARTY	TOPNICE DATE NO PARTY NA	IONTH OF NOVEMBER (M.G.L. Ch. 138	*



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 096600005		CITY OR TOWN	PETERSHA	AM
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		,	YEAR
LICENSEE NA	ME: PETERSHAM CO	UNTRY CLUB			
DOING BUSIN	ESS A				
ADDRESS RTE	E 32 NO. MAIN ST.				
CITY/TOWN:	PETERSHAM	STATE: MA	ZIP CODE:	01366	
MANAGER:	BISHOP, TIMOTHYTYI	PE OF LICENSE: Clu	db C.	ATEGORY:	All Alcohol
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
	OF LICENSED PREMIS				
	4 ROOMS; LIVING ROOMS; LOUNGEE, LOCKE		the state of the s		ND
I hereby certify	and swear under penalties	of perjury that:			
1. the re	enewed license will be of	the same type for the	same premises now	licensed;	
	censee has complied with		_	o taxes; and	
3. the p	remises are now open for	business (If not explain	ain below)		
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYE	R IDENTIFICATI	ION NUMBER:
			(Note: NOT Inc	lividual Social Se	ecurity Number)
Acts of 2004, s	igned, attest that we are igned by the building ins and (2) the certificate of	spector and the head	l of the fire depart	ment for the	above
Please Check Below	<u>v:</u>		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	ехрійіі)				
DATE:					
DITTE.					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	096600006		CITY OR TOWN	PETERSHAM	
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS		YEAR	
LICENSEE NAME:	BORELLI, ANDRE	A L.			
DOING BUSINESS A	A PETERSHAM PK	G STORE			
ADDRESS BARRE R	RD.				
CITY/TOWN: PETE	ERSHAM	STATE: MA	ZIP CODE:	01366	
MANAGER: BORE ANDE		E OF LICENSE: Pa	ckage Store CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMIS	ES:			
A RANCH TYPE BLOENTRANCE FROM I		S, ONE USED FOR	SALES; OEN USEI	O FOR STORAGE:	
2. the licensed	d license will be of the has complied with a ses are now open for be	all laws of the Com	nonwealth relating to		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENS By:	ING AUTHORITY	
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096	5600010		CITY OR TOW	N PETERSH	AM
APPLICATION FOR RE	NEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: MA	ARK A. ELLIS				
DOING BUSINESS A T	HE INN AT CLAMBI	ER HILL			
ADDRESS 111 NORTH	MAIN ST				
CITY/TOWN: PETERS	HAM ST	CATE: MA	ZIP CODE:	01366	
MANAGER:	TYPE OF	LICENSE: Innl	older	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS	E ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LICE	ENSED PREMISES:				
FIVE ROOMS FIRST FL	OOR, 5 BEDROOM I	BED AND BRE	EAKFAST.		
I hereby certify and swear	under penalties of per	jury that:			
1. the renewed lie	cense will be of the san	ne type for the	same premises no	ow licensed;	
2. the licensee ha	s complied with all law	vs of the Comm	onwealth relating	g to taxes; and	
3. the premises a	re now open for busine	ss (If not expla	in below)		
SIGNED BY					
	lividual, Partner or Aut	thorized Corpor	rate Officer		
DATE:	TELEPHONE NUM	IDED.	EMPLOY	ER IDENTIFICAT	TION NUMBER:
	TELEFIIONE NOR	VIDEK.		Individual Social S	
We the undersigned, att					
Acts of 2004, signed by named license and (2) the					
of 2010.	1	•	1	, <u>.</u>	
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:	1101110 710 111	OKIT I
DISAPPROVED:			2).		
(If disapproved explain)					
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)